OFFICIAL

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Revision:

HCFA-AT-80-38 (BPP)

May 22, 1980

State _____Indiana

SECTION 1

SINGLE STATE AGENCY ORGANIZATION

<u>Citation</u>
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Indiana Office of Medicaid
Policy and Planning
is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it adminsters or supervises administration of the program.

TN # 92-06 Supersedes TN #

Approval Date 4-24-9Effective Date 1-1-92

1.1(b)

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Citation Sec. 1902(a) of the Act The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # //. /.2 Supersedes TN #

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INDIANA 1.1(c) Waivers of the single State agency Citation Intergovernmental requirement which are currently Cooporation Act operative have been granted under of 1968 authority of the Intergovernmental Cooperation Act of 1968. Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements. Not applicable. Waivers are no longer in effect. $\sqrt{\chi}$ Not applicable. No waivers have ever been granted.

TN # 76-72
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TN #



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> INDIANA State

Citation 42 CFR 431.10 AT-79-29

1.1(d) The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

> Determinations of eligibility for Medicaid under this plan are made by the agency (ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.



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INDIANA Citation 1.1(e) All other provisions of this plan are 42 CFR 431.10 administered by the Medicaid agency except for those functions for which final authority has been granted to a AT-79-29 Professional Standards Review Organization under title XI of the Act. (f) All other requirements of 42 CFR 431.10

are met.

IN #

Approval Date 11/11/76 Effective Date 12/3/71-